IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

December 22, 2010

Kathy Prophet, Administrator
Preferred Community Homes - Fieldstone
7091 West Emerald Street
Boise, ID 83704

RE: Preferred Community Homes - Fieldstone, Provider #13G030

Dear Ms. Prophet:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Fieldstone, which was conducted on December 17, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner**:

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of

being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **January 3, 2011,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by January 3, 2011. If a request for informal dispute resolution is received after January 3, 2011, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

JAMES TROUTFETTER
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

JT/srm
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G030	A. BUILDING _____ B. WING _____	12/17/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - FIELDSTONE	2774 NORTH OLDSTONE WAY MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Jim Troutfetter, QMRP, Team Leader Trish O'Hara, RN Common abbreviations/symbols used in this report are: AED - Antiepileptic Drug DEXA - Dual-emission X-ray absorptiometry (bone density test) FAS - Fetal Alcohol Syndrome LPN - Licensed Practical Nurse MR - Mental Retardation NOS - Not Otherwise Specified PCLP - Person Centered Lifestyle Plan QIDP - Qualified Intellectual Disability Professional RN - Registered Nurse TD - Tardive Dyskinesia (a disorder involving abnormal / involuntary muscle movements)	W 000	"Preparation and implementation of this plan of correction does not constitute admission or agreement by Fieldstone with the facts, findings or other statements as alleged by the state agency dated December 17, 2010. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Fieldstone – Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action." RECEIVED JAN 0 6 2011 FACILITY STANDARDS	
W 166	483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Professional program staff must work with paraprofessional, nonprofessional and other professional program staff who work with clients. This STANDARD is not met as evidenced by: Based on record review, and interviews with staff it was determined the facility failed to ensure professional staff worked with direct care staff and an individual in the implementation and monitoring of services required for 1 of 3 individuals (Individual #3) whose occupational therapy records were reviewed. The findings	W 166	**W 166 483.430(b)(1) PROFESSIONAL PROGRAM SERVICES** A staff training meeting has been set for January 5, 2011 in which all staff will be trained on how to properly use individual #3's gait belt. Individual #3 will also be informed on how and why the gait belt is used. This training will be completed by our Occupational Therapist. All individuals Occupational Therapy reports will be reviewed to ensure that all necessary trainings for staff are implemented. The QIDP will	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	1-3-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 166	Continued From page 1 include: Individual #3's PCLP, dated 6/28/10, documented a 18 year old female diagnosed with mild mental retardation, disruptive behavior disorder, cerebral palsy, and mood disorder NOS. Her record contained an Occupational Therapy Report, dated 10/11/10. The recommendations section stated "This therapist will train staff on best practices for when a gait belt is used and not used to protect themselves and the client. Training will be provided to the client to encourage gait belt usage." When asked during an interview on 12/17/10, from 9:30 - 10:05 AM, the QIDP stated the training had not been completed. The facility failed to ensure staff and Individual #3 received appropriate training on the use of her gait belt.	W 166	ensure future reports are read thoroughly and followed accordingly. Completed by- January 9, 2011 Monitored- Annually or as needed Person Responsible- QIDP	
W 297	483.450(d)(1)(iii) PHYSICAL RESTRAINTS The facility may employ physical restraint as a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for client protection during the time that a medical condition exists. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure a medical restraint was used only as a comprehensive part of an individual's PCLP that was directed specifically towards the reduction of and eventual	W 297	**W 297 483.450(d)(1)(iii) PHYSICAL RESTRAINTS** Individual #3's PLCP plan will have an addendum added to ensure a teaching strategy is included to reduce the use of the adult restraint board. All individuals PCLP plans have been reviewed to ensure a teaching strategy is in place for any adult restraint boards that could be used or in place. Completed by 1-31-2011 Monitored- monthly and as needed Person Responsible- QIDP	

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W 297	Continued From page 2 elimination of the behaviors for which the restraint was employed for 1 of 3 individuals (Individual #3) whose restrictive procedures reviewed. This resulted in an individual being restrained without a plan that identified how the restraint could be reduced. The findings include: Individual #3's PCLP, dated 6/28/10, documented a 18 year old female diagnosed with mild mental retardation, disruptive behavior disorder, cerebral palsy, and mood disorder NOS. Individual #3's record contained an Adult Restraint Board Reduction Plan, dated 7/15/10 which documented the restraint board was to be used when Individual #3 was uncooperative with medical procedures involving needles. However, the plan did not contain a teaching strategy to help her become more cooperative. When asked during an interview, on 12/17/10 at approximately 10:10 AM, the QIDP stated the plan did not incorporate a teaching strategy. The facility failed to ensure a teaching strategy was included in Individual #3's plan to reduce restraint.	W 297		
W 322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on record review and staff interviews it was determined the facility failed to ensure an individual was provided with general and preventative medical care for 2 of 3 individuals	W 322	**W 322 483.460(a)(3) PHYSICAN SERVICES** All resident medical charts will be reviewed to ensure that all doctors' orders are being followed and that all individuals are being provided with adequate general and preventative medical care. The nursing department will hold weekly meetings to discuss current doctors' orders and nursing concerns throughout the company. The	

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W 322	Continued From page 3 (Individual #1 and #3) whose medical records were reviewed. This failure resulted in individuals not receiving radiologic services and TD assessments. Findings include: 1. Individual #1's PCLP, dated 6/08/10, documented a 35 year old female with diagnoses including mild MR, FAS, depressive disorder, and schizoaffective disorder. Individual #1's medical record showed she had been receiving an anticonvulsant medication at the time of her admission to the facility on 9/10/08. This medication continued to be given by the facility. There was no documentation Individual #1 had received a bone mineral density assessment since her admission to the facility. An article, published by the American Epilepsy Society in March 2009, stated AED therapy was associated with metabolic bone disease and a high risk for fractures, with a reduction in bone mineral density reported in 20% - 75% of individuals taking AEDs. The article further recommended assessment of bone mineral density 3-5 years after initiation of AED therapy. In an interview on 12/17/10 at 9:30 AM, the RN said Individual #1 had not received Dexascan or other assessment for bone mineral density since her admission. The facility failed to monitor individuals for bone loss as recommended. 2. Individual #3's PCLP, dated 6/28/10, documented a 18 year old female diagnosed with mild MR, disruptive behavior disorder, cerebral palsy, and mood disorder NOS.	W 322	**RN will do quarterly audits to ensure the all doctors' orders are being followed and that all individuals are being provided with adequate general and preventative medical care.** **Person responsible: RN, LPN** **Completion date: February 1st, 2011** **Monitored- Quarterly**	

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W 322	Continued From page 4 Her record documented she received Abilify (an antipsychotic drug) 10 mg. once a day. However, her record did not contain evidence of a tardive dyskinsia evaluation. The Nursing 2010 Drug Handbook stated Abilify had potential to cause tardive dyskinesia (repetitive and involuntary muscle movements caused by long term use of antipsychotic drugs) and stated individuals taking these drugs should be monitored for tardive dyskinesia. When asked during an interview on 12/17/10, from 9:30 - 10:05 a.m. the LPN stated a tardive dyskinesia evaluation needed to be completed. The facility failed to ensure Individual #3 was assessed for tardive dyskinesia.	W 322		
W 326	483.460(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes special studies when needed. This STANDARD is not met as evidenced by: Based on record review and staff interview it was determined the facility failed to obtain special studies as indicated for 1 of 3 individuals (Individual #1) whose medical records were reviewed. This failure resulted in the lack of follow up on a potentially toxic blood serum level of an anticonvulsant medication. Findings include: Individual #1's PCLP, dated 6/08/10, documented a 35 year old female with diagnoses including mild MR, FAS, depressive disorder, and	W 326	**W 326 483.460(a)(3)(iii) PHYSICAN SERVICES** **Individual #1's VPA level has been drawn, and was found to be within normal limits. All charts at Fieldstone will be audited by completion date to ensure all physician orders have been followed. The RN will do quarterly audits to ensure that all labs have been drawn as per physician orders.** **Person Responsible: RN, LPN** **Completion Date: February 1st, 2011** **Monitored-Quarterly**	

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W 326	Continued From page 5 schizoaffective disorder. Individual #1's medical record showed she was receiving the medication Valproic Acid, twice a day, for mood stabilization. Beckman Coulter, a biomedical testing company, defined normal blood serum levels of Valproic Acid to be 50 - 100 ug/ml. Further definition showed possible toxic levels as >100 ug/ml. Laboratory testing of Individual #1's blood serum, on 9/2/10, showed a blood serum level of Valproic Acid at 145 ug/ml. Her doctor was notified and her dosage of Valproic Acid was decreased. Individual #1's medical record contained a nurse's note stating a follow up laboratory test was to be performed on 9/29/10 to evaluate the effect of the drug dose decrease on her blood serum level of Valproic Acid. The medical record did not document results of follow up testing. In an interview on 12/17/10 at 9:30 AM, the facility nurse confirmed the follow up testing had not been performed. The facility failed to provide the individual with laboratory studies as indicated.	W 326		

Bureau of Facility Standards

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MM191	16.03.11.075.09(c) Last Resort Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in injury to himself or others and any form of physical restraint is utilized, it must be in conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. This Rule is not met as evidenced by: Refer to W297.	MM191	**MM191 16.03.11.075.09(c) LAST RESORT** Refer toW297	
MM735	16.03.11.270.02 Health Services The facility must provide a mechanism which assures that each resident's health problems are brought to the attention of a licensed nurse or physician and that evaluation and follow-up occurs relative to these problems. In addition, services which assure that prescribed and planned health services, medications and diets are made available to each resident as ordered must be provided as follows: This Rule is not met as evidenced by: Refer to W322.	MM735	**MM735 16.03.11.270.02 HEALTH SERVICES** Refer to W322	

RECEIVED
JAN 0 6 2011
FACILITY STANDARDS

Bureau of Facility Standards

Administrator — TITLE

1-3-11 — (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE